



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

New Registration Change to Profile Renewal

To which fiscal year does this form apply? 20 _____

LOBBYIST:

Zink Last Name **Barbara** First Name _____ Middle _____

3M Center, 223-1N-03, St. Paul, MN 55144-1000 Mailing Address

bzink2@mmm.com Email Address

() **954-304-1801** Office Number () Cell Number

Lobbying Firm on behalf of which lobbyist is representing principal (if any) _____

Lobbying Firm's Mailing Address _____
Telephone Number _____

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

No Yes. State with whom and explain: No Yes.

Have you ever been an employee of Broward Health? No Yes.

Title _____ Date of Employment _____ Date of Separation _____

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?

No Yes, Date of Service _____ Date of Separation _____

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Barbara Zink
Original signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

3M Company

PRINCIPAL #1 Principal Name
3M Center, 223-1N-03, St. Paul, MN 55144-1000 Principal Mailing Address

() **954-494-1608** Principal Telephone Number
ISSUES related to products and SERVICES OF 3M Co and affiliates Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 Principal Name _____

Principal Mailing Address _____

() Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 Principal Name _____

Principal Mailing Address _____

() Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 12th day of October, 2023 by Barbara Zink

Crystal Ramos
(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public Bounded Thru Notary Public Underwriters)
Crystal Ramos

Personally Known OR Produced Identification
Type of Identification Produced FL DL

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

3M Company

Principal Name

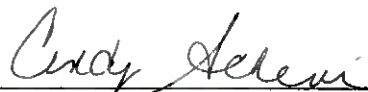
hereby authorizes

Barbara Zink

Lobbyist's Name

Manufacturing; health care products and services

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Cindy Scheiner

Print Principal Name / Principal's Representative

Clinical Specialist Manager

Print Title of Principal / Principal's Representative

10/23/2023

Date

Attach this authorization to your registration form.